

Name
in
Full

Gordon Bearz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fishing Island</u> Town		County <u>Amherst</u>		MARYLAND	
Date of death	1909	Month	4	Day	26
Sex	Male	Color or Race	26 White	Months	2
Birthplace	Fishing Island				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Bearz			Father's Birthplace	Upper Fairmount
Mother's Maiden Name	Cora Bearz			Mother's Birthplace	Fishing Island
Name of person giving information	Wm Reval			How related to deceased	Grandfather

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Stroke Involves</u>	How long	<u>6 weeks</u>
Immediate	<u>General Debility</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr E S Mearns</u>
		Address	<u>2100 1st St</u>
Accident or Suicide?			<u>Amherst</u>

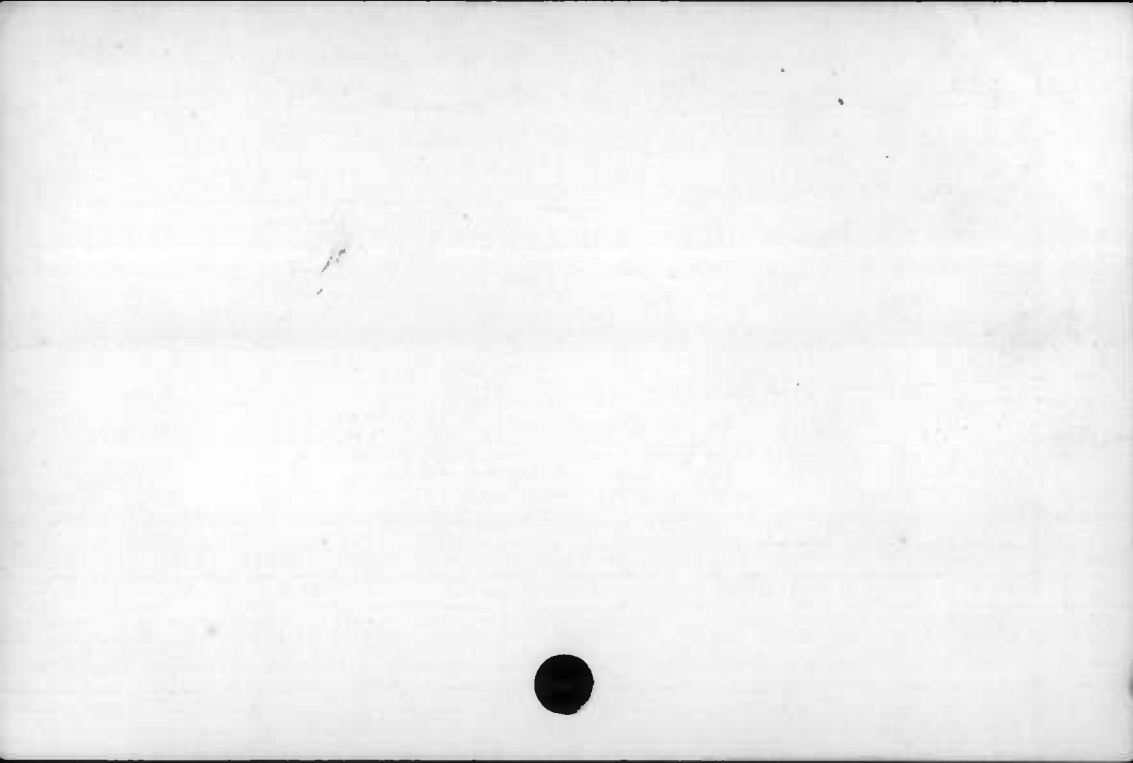


L W. Landon

Londonville

Ma

Name in Full Sarah E. Coulbourne		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at near Main St		County Anne Arundel		MARYLAND	
	Date of death 1909	Month Apr	Day 21	Age 87	Months ✓ Days ✓	
	Sex Female		Color or Race White		Birth-place Anne Arundel Co.	
	Occupation house		Where Residing if not at place of death ✓			
	Married, Single or Widowed Widow	Name of Wife or Husband Wm Coulbourne				
	Father's Name William Wilson	Father's Birthplace Anne Arundel Co.				
	Mother's Maiden Name Elizabeth Whittington	Mother's Birthplace Anne Arundel Co.				
Name of person giving information Mary E. Hall		How related to deceased Daughter				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Acute Bronchitis		How long 2 weeks			
	Immediate Exhaustion		How long 3 weeks			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. Peet Hall			
			Address Baltimore City, Md.			
Accident or Suicide?						



Name
in
Full

Nellie E. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

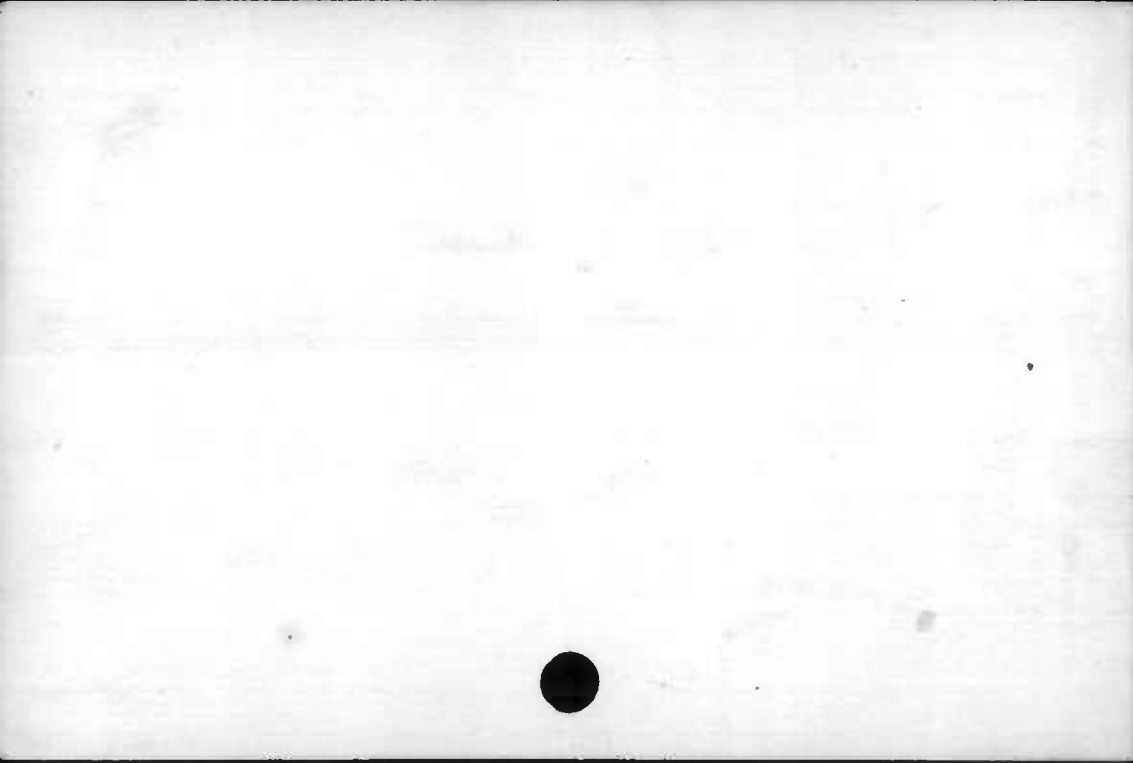
Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death		Month Apr	Day 13	Age 17	Months 5	Days 3	
Sex Female		Color or Race White		Birth-place Crisfield Md			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Stewart Evans				Father's Birthplace Crisfield			
Mother's Maiden Name Annie Riggins				Mother's Birthplace "			
Name of person giving Information Stewart Evans				How related to deceased Father			

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	Chronic dysentery	How long	6 mos.
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. F. Hall	
		Address	
		Crisfield Md	
Accident or Suicide			



Name
in
Full

Sallie M. Hickman

CERTIFICATE OF DEATH

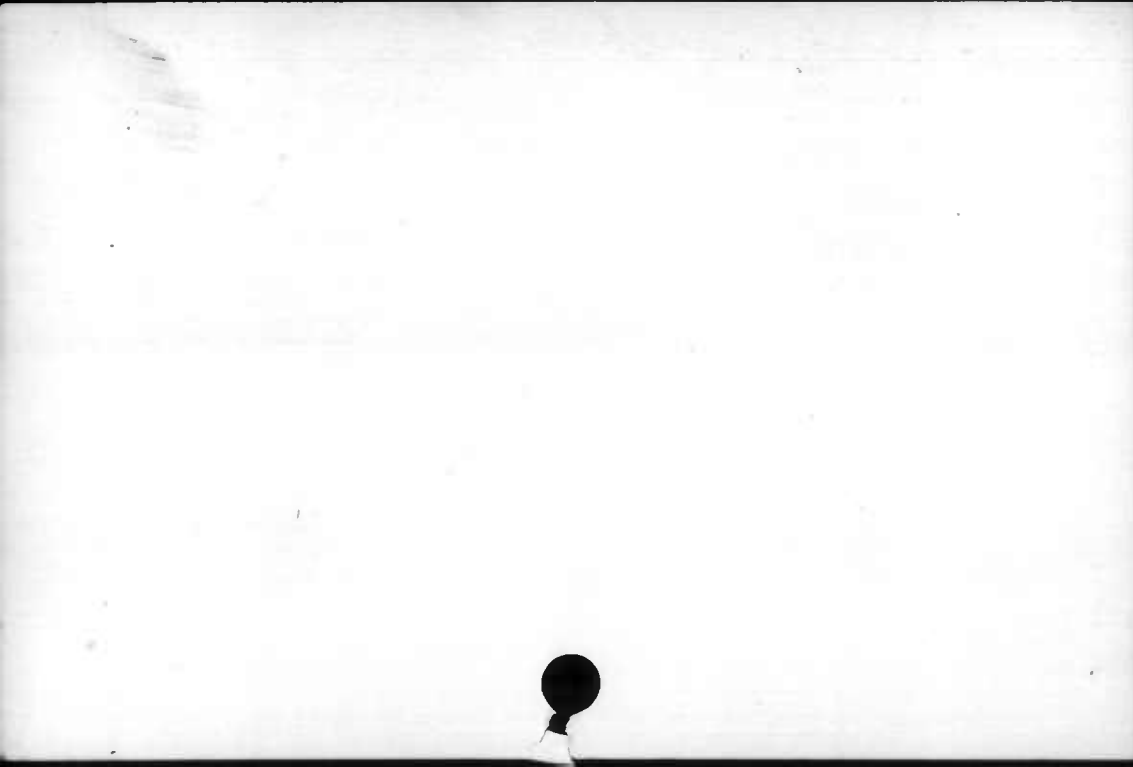
Died at		Town		County		MARYLAND	
Hopedale Md		Somerset					
Date of death	1909	Month	4	Day	24	Age	45
Sex	Female	Color or Race	White	Birth-place	Somerset Co Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
George T. Hickman							
Father's Name	John Ross			Father's Birthplace			
Marion Md							
Mother's Maiden Name	Emily Dashiell			Mother's Birthplace			
Somerset Co Md							
Name of person giving Information	Geo T Hickman			How related to deceased			
Husband							

CAUSES OF DEATH

93

Primary	Pneumonia	How long	24 days
Immediate	Toxaemia	How long	+
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. Hall
		Address	Criffield Md
Accident or Suicide	no		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Halbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Habersburg County Samuelson MARYLAND

Date of death 190 9 Apr 22 Age 56 Months - Days 2

Sex Female Color or Race Blk Birth-place md

Occupation Housewife Where Residing if not at place of death same

Married, Single or Widowed Married Name of Wife or Husband Rampson Halbrook

Father's Name Pullett Father's Birthplace md

Mother's Maiden Name Sarah Pullett Mother's Birthplace md

Name of person giving Information Wm Halbrook How related to deceased Son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 10 days

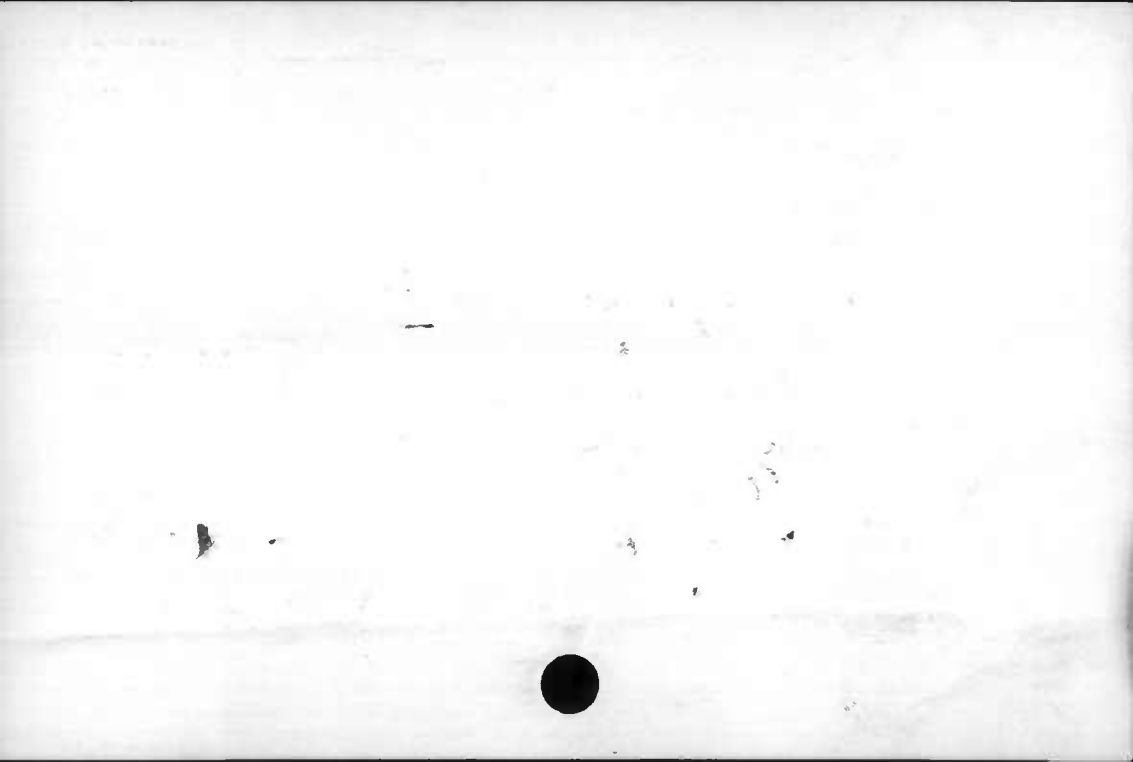
Immediate Heart Failure How long 2 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R. B. Smith

Address Acuale

Accident or Suicide no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

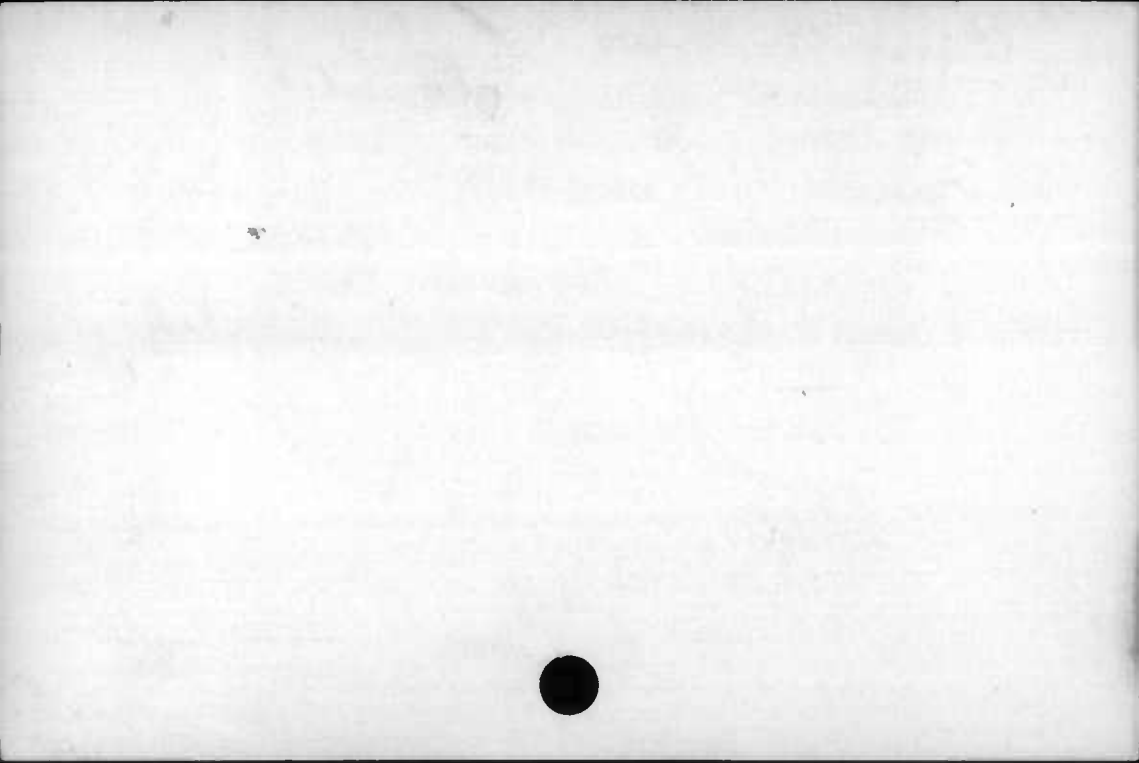
Still Born		Town <i>Chance Jones</i>		County <i>Somerset</i>		MARYLAND	
Died at		Date of death 190 <i>9</i>		Month <i>Apr.</i>		Day <i>19th</i>	
Age		Years <i>-</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Som. Co.</i>			
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>							
Father's Name <i>Stanley Jones</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Clara Waters</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Stanley Jones</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>-</i>	
Immediate		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. J. Winder, M.D.</i>	
		Address <i>Dr. J. Winder, M.D.</i>	
Accident or Suicide?			



Name
in
Full

Hannah Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

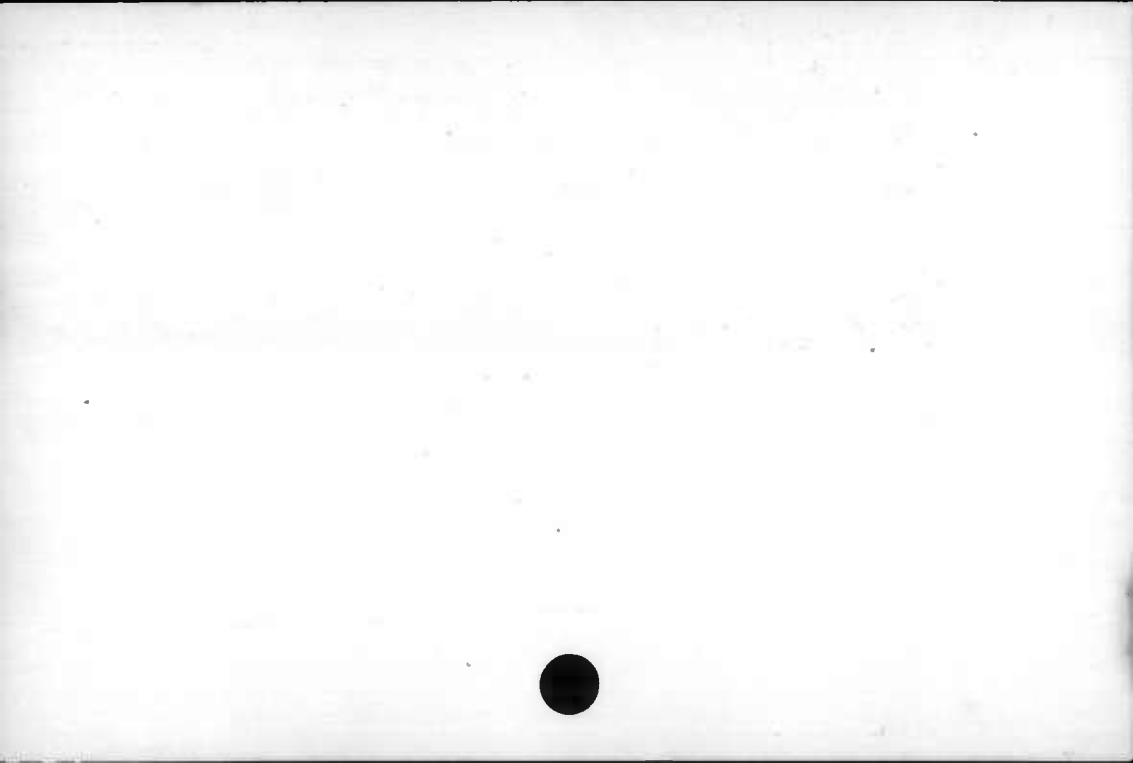
Died at		Town Crisle		County Somerset		MARYLAND	
Date of death		1909	Month apr	Day 10	Age 45	Years	Months Days
Sex Female		Color or Race colored		Birth- place Snow Hill Md			
Occupation Housewife		Where Residing if not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Arnold Jones					
Father's Name Don't know		Father's Birthplace Md					
Mother's Maiden Name		Mother's Birthplace "					
Name of person giving Information Fred Jones		How related to deceased Son					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary Nephritis	How long weeks
Immediate Pericarditis	How long days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. L. Hight
	Address Crisle Md
Accident or Suicide No	



Name
in
Full

CERTIFICATE OF DEATH

Name *John A Rowley* Town *Brisfield* County *Somerset* MARYLAND
 Died at *Brisfield*
 Date of death 190 *9* April *20* Age *60* Month *1* Day *0*
 Sex *male* Color or Race *white* Birth-place *Worcester, Co*
 Occupation *Carpenter* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *Lizzie Rowley*
 Father's Name *Wm H. Rowley* Father's Birthplace *Don't know*
 Mother's Maiden Name *Fidella Readon* Mother's Birthplace *Ind.*
 Name of person giving Information *Mrs John Crossley.* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Valvula Heart disease* How long *2 years*
 Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

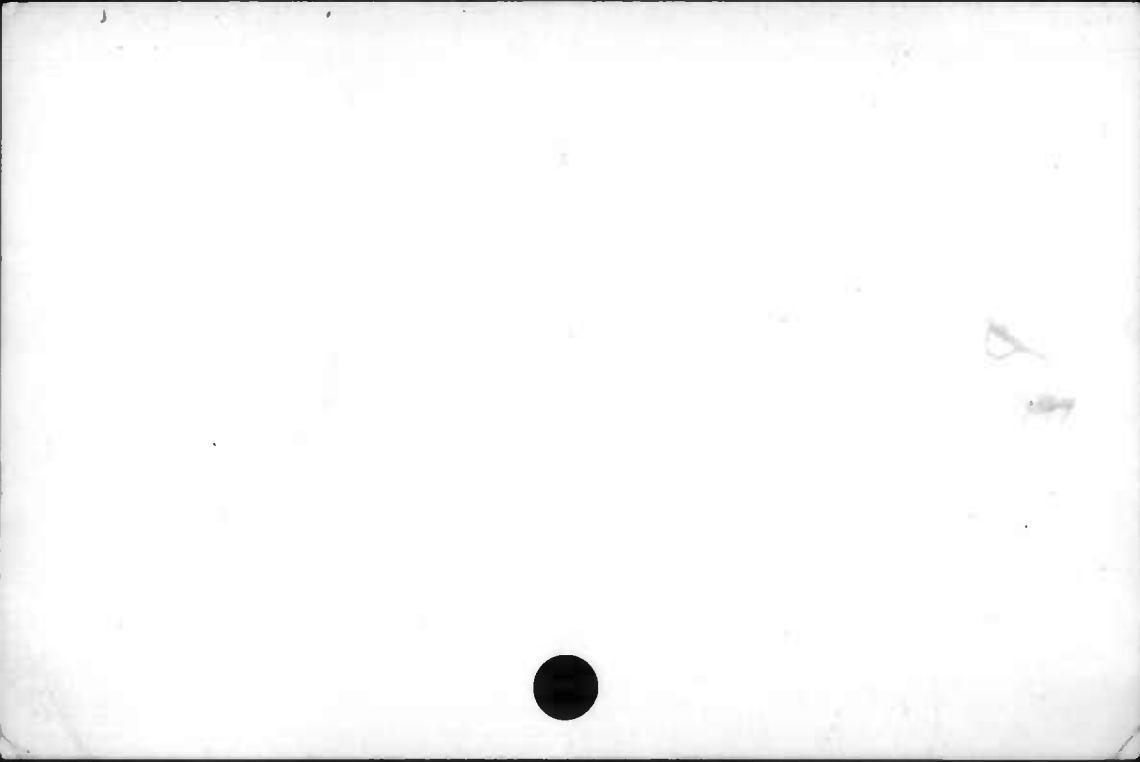
Signature of Physician

Address

W F Hall
Brisfield

Accident or Suicide

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Emery B. Shores		Town Daniel Quarter		County Somerset		State MARYLAND	
Died at Daniel Quarter Somerset							
Date of death 1909		Month 4		Day 30		Years 68	
Sex Male		Color or Race White		Birth-place Som. Co		Months -	
Occupation Sailor		Where Residing if not at place of death Som. Co		Days -			
Married, Single or Widowed Married		Name of Wife or Husband Margaret J. Shores					
Father's Name Wm. J. Shores		Father's Birthplace Som. Co					
Mother's Maiden Name Leah Parks		Mother's Birthplace " "					
Name of person giving Information Wm. R. Shores		How related to deceased Son					

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary Heart Disease	How long One year
Immediate Asthma	How long 4
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. J. Woods - M.D.
	Address Daniel Qtr, Md.
Accident or Suicide no	



Name
in
Full

Meta Francis Sterling.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Somerset		MARYLAND	
Date of death		1909	Month 4	Day 17	Age	Years 6	Months 28
Sex Female		Color or Race White		Birth- place Lawsonia Md			
Occupation none				Where Residing if not at place of death +			
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Wm H Sterling				Father's Birthplace Lawsonia Md			
Mother's Maiden Name Reby Sterling				Mother's Birthplace Lawsonia			
Name of person giving Information Reby Sterling				How related to deceased Mother			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Lagrippe	How long	10 days
Immediate	Meningitis	how long	3 days
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		W. F. Hall	
Address		Orfield Rd	
Accident or Suicide		no	



Name

in
Full

Sallie J. Walston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

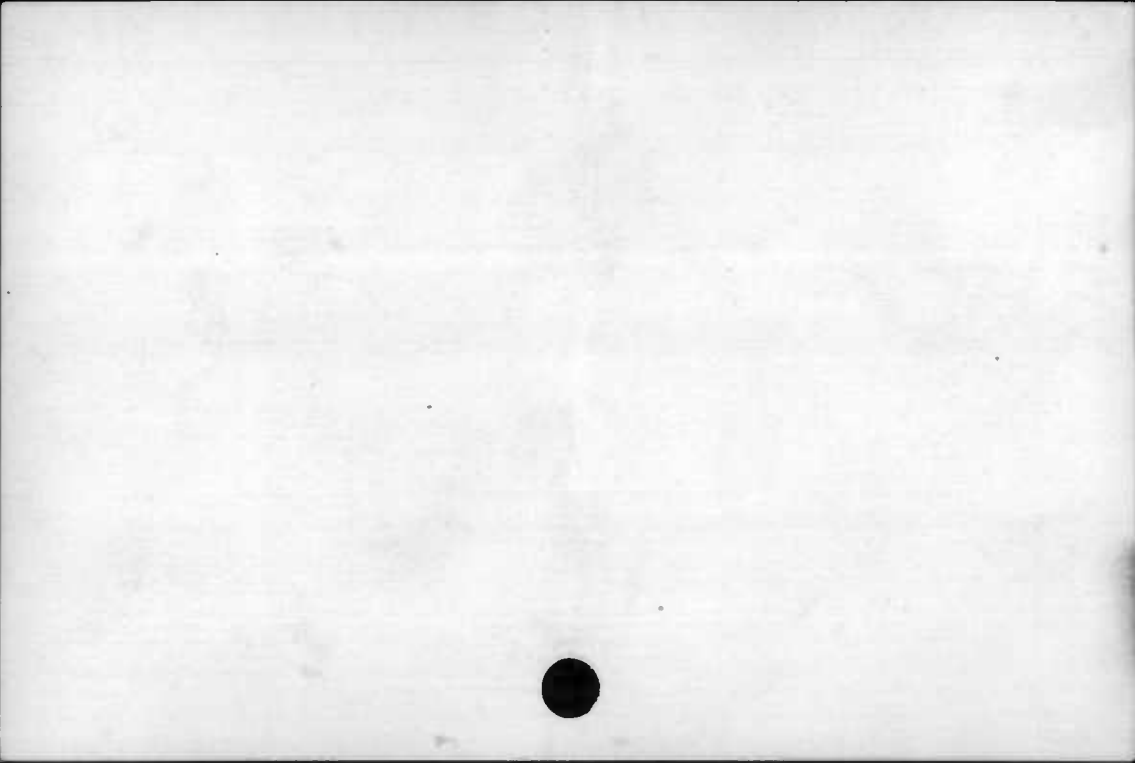
Died at <i>Pairomount</i>		County <i>Somerset</i>		MARYLAND	
Date of death	Month <i>April</i>	Day <i>30</i>	Years <i>57</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dont Know</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at her home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Walston</i>				
Father's Name <i>James Corbin</i>	Father's Birthplace <i>Dont Know</i>				
Mother's Maiden Name <i>E. J. Carver</i>	Mother's Birthplace <i>Dont Know</i>				
Name of person giving information <i>Son, Milton Walston</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Dont Know</i>	How long <i>one Week</i>
Immediate <i>dont know</i>	How long <i>one Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. W. Landon</i>
<i>Paralysis</i>	Address <i>Landonville Md.</i>
Accident or Suicide?	<i>Sub Registrar</i>



Name
in
Full

Mamie L. Walston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

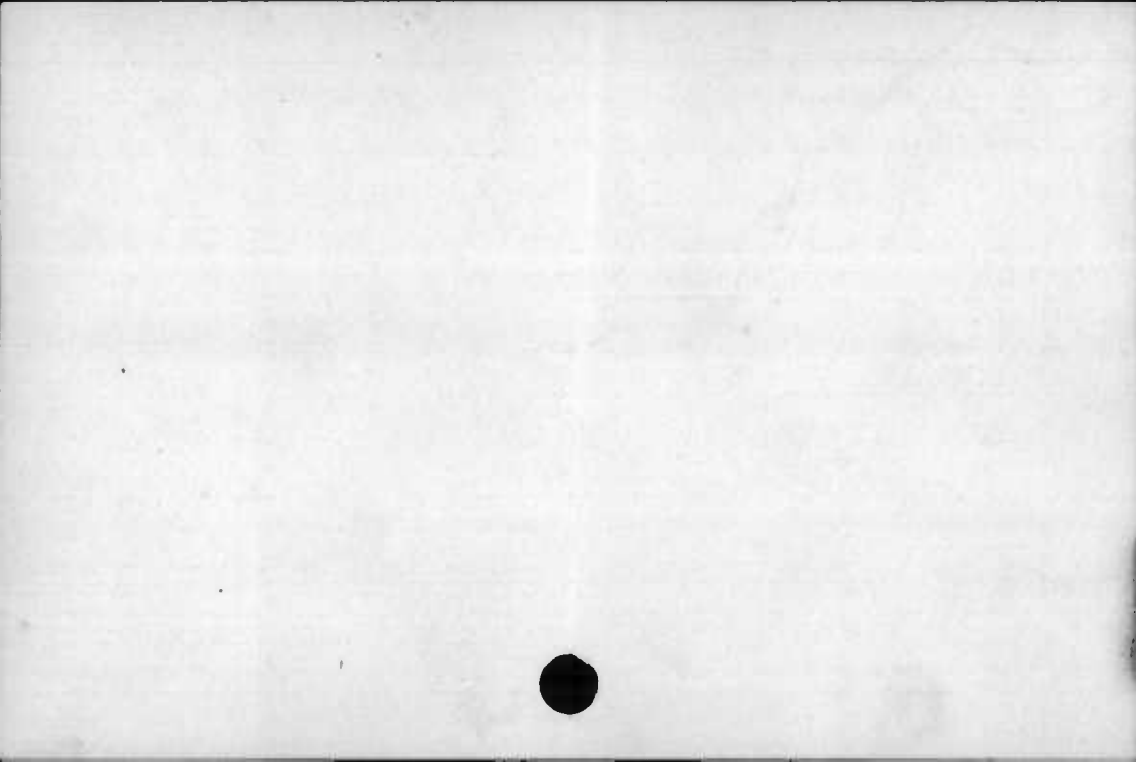
Died at <i>Landonville</i> Town		<i>Cornesett</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>23rd</i>	Age <i>2</i> Years	Months <i>2</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fairmount</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robert Walston</i>	Father's Birthplace <i>Fairmount</i>				
Mother's Maiden Name <i>Addie Hurley</i>	Mother's Birthplace <i>Fairmount</i>				
Name of person giving information <i>Worris Walston</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Acute Enterocolitis</i>	How long <i>5 Days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount</i>
Accident or Suicide? <i>Q</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah J. Ward</i>		Town <i>Jacksonville Ind</i>		County <i>Boonersch</i>		State <i>MARYLAND</i>	
Died at <i>Jacksonville Ind</i>		Month <i>April</i>		Day <i>6</i>		Years <i>77</i>	
Date of death <i>1909 April 6</i>		Age <i>77</i>		Months <i>1</i>		Days <i>14</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Wm D. Ward</i>					
Father's Name <i>Levi Laird</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sallie —</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Annie Collins</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>Cancer Rectum</i>	How long <i>4 years</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Hall</i>
		Address <i>Druford St</i>
Accident or Suicida <i>no</i>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryanne</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>April</i>	Day <i>21</i>	Age <i>—</i>	Years	Months	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryanne</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Solomon Whittington</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Cecia Jones</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving Information <i>Solomon Whittington</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>General Weakness from birth</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. A. B. Allen</i>
	Address <i>Marion, Ind.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Born</i> <i>Wardson</i>		Town <i>Wardson</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Apr</i>	Day <i>25th</i>	Age	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Som. Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Elburk Wardson</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Edith Shaw</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving Information <i>Edith Wardson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Wardson</i>	
		Address <i>Wardson</i>	
Accident or Suicide?			

